

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	1					
TOTAL DEP.	15	↔	↔	↔	↔	↔
TOTAL CLAIMS	16	████████	████████	████████	████████	████████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↔		↔		↔
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		████████		████████		████████

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS